

# The Sexuality of Disabled Bodies and Individuals with Disability in South Africa's Comprehensive Sexuality Education Scripted Lesson Plans

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## Abstract

Local research has utilized both practical (youth with disabilities accessing sexual and reproductive health services) and theoretical knowledge (decoloniality, disability and sexuality) to understand the sexuality of persons living with disabilities. However, this knowledge has not been utilized to examine the visibility of disability and sexuality in South Africa's comprehensive sexuality education (CSE) scripted lesson plans (SLPs). A content analysis was conducted of all the Department of Basic Education's CSE SLPs (Grades 4–12). The study indicated that only in Grade 10 is disability and sexuality discussed in 3 activities. Within these activities, some attempt has been made to demystify certain misconceptions about the sexuality of disabled bodies (i.e. as celibate, asexual beings, with no romantic or sexual interests). The activities further debunk how various types of disabled bodies are sexual beings (i.e. not just those in wheelchairs). However, the fact that these discourses only emerge and left in Grade 10, raises concerns about the inclusivity of the CSE curriculum for disabled youth (e.g. CSE not acknowledging issues of power and consent amongst youth living with disabilities). A critical discussion is provided of the gaps identified and recommendations provided by existing practical and theoretical knowledge to inform the current CSE SLPs.

**Keywords:** Comprehensive sexuality education; Disability; Scripted lesson plans; Sexuality; South Africa; Unintelligible bodies

## Introduction

The South African Department of Basic Education has embarked on a piloted rollout of its comprehensive sexuality education (CSE) scripted lesson plans (SLPs) from Grades 4–12 (ages 10–18) [1]. CSE refers to an age-appropriate approach of instilling informed values, beliefs, attitudes and skills around safe and healthy sexual practices, gender construction, sexuality, power, communication as well as consent within HIV, relationship and sexuality education [2]. SLPs are expert approved learner and teacher support materials designed to guide learners and teachers navigate CSE topics in a systematic manner through classroom activities and group discussions [1]. Through these activities, the educator is given the opportunity to pose various labels and stereotypes about the sexuality of disabled persons that nondisabled learners have possibly not considered before. Learners are likewise given the opportunity to debunk certain myths they may not have been aware they hold regarding the sexuality of persons living with disabilities. It should also be noted that CSE is offered

alongside other subjects such as physical education, the world of work as well as social responsibility in the compulsory school subject of Life Skills (Grades 4–6) and Life Orientation (Grades 7–12) [3]. Learners are allocated a total of 4 h of Life Skills (Grades 4–6) and 2 h of Life Orientation (Grades 7–12) per week [4,5,6]. The CSE SLPs are meant to be a broad curriculum designed to be responsive to the gender and sexuality diversity of all learners [1], including those of disabled learners.<sup>Footnote 1</sup>

In previous practical and theoretical knowledge, it was established that certain socio-medical and cultural discourses exist about the sexuality of persons living with disabilities [7,8,9]. Chappell [10] for example found that because of the misconceptions that disabled bodies are genderless and non-sexual, limited HIV, relationship and sexuality education exists for youth living with disabilities. When persons living with disabilities try to access sexual and reproductive health services, because of the disbelief and belittling of health practitioners, Mavuso and Maharaj [11] noted that persons living with disabilities either choose to stay home, or not take condoms at clinics for fear of being judged. In terms of theoretical knowledge, Ubisi [12] utilized theory by French sociologist Pierre Bourdieu on doxa, orthodoxy and heterodoxy to demonstrate how language is used to maintain the status quo (e.g. disabled persons cannot enjoy sexual pleasure, and therefore do not need HIV or sexuality education). Ubisi [13] also proposed post-structural theory such as Foucault's governmentality and Butler's performativity theory to unearth underlying discourses behind socio-medical and cultural discourses about the sexuality of persons living with disabilities, such as who should be allowed to reproduce (and with whom). I have further suggested decoloniality theory as an emancipatory framework to unmask how colonial standards have affected how we view the health and fertility of persons living with disabilities in other work [15]. To date, few studies have considered this knowledge to examine the visibility of the sexuality of persons living with disabilities in South Africa's Department of Basic Education's CSE SLPs.

### **Theoretical Framework: Judith Butler's Unintelligible Bodies**

To understand the identity politics behind the (in)visibility of persons living with disabilities sexuality within most gender and sexuality education, the study will employ Judith Butler's [16] theory of unintelligible bodies. As noted in Orr [17], the human body is more than just a vessel that allows us to experience our surroundings through our senses. Instead, realising our sense of embodiment and embodied performances can meaningfully shape the way we navigate everyday realities. In other words, our sense of embodiment can not only be utilized for subverting socio-cultural ideologies and assumptions, but can also be leveraged as a source of socio-political change [17]. Butler [18] has always been interested in how we come to perform, or deviate from fulfilling certain roles based on socio-cultural norms. In 'Bodies That Matter: On the Discursive Limits of Sex', Butler's [16] analysis demonstrates how deviant performances can produce less than intelligible bodies. In other words, Butler [16] suggests that there are certain social techniques (e.g. expectations of how gender roles and sexuality should be performed), which render us as less than intelligible when we deviate from the accepted socio-cultural norms. These dominant expectations, or socially available scripts, are inculcated into values and beliefs in such a way that they affect the prejudices we have about others. These may be false assumptions which may lead to the oppression and domination of others. However, Butler [16], maintains repeated performances of certain ways of being can disrupt dominant expectations, and in doing so bodies and performances once considered unintelligible can become intelligible through shifting socio-cultural norms.

The aim of this paper is to utilize the available practical and theoretical knowledge to examine the visibility of the sexuality of persons living with disabilities within South Africa's Department of Basic Education's CSE SLPs. First, the study briefly discusses the contradictory historical attitudes towards providing sexuality education to persons living with disabilities (e.g. persons living with severe disabilities have a rampant sexual drive that needs to be controlled). Then, the study discusses the challenges identified by local research in providing HIV, relationship and sexuality education to youth living with disabilities (e.g. CSE offered via inaccessible formats). The study further looks at the institutional barriers (e.g. hostile attitudes by nurses) encountered by persons living with disabilities in accessing sexual and reproductive health services.

### **Disability and Sexuality**

A historical outlook towards the sexuality of persons living with disabilities reveals some large social injustices committed by the inaccurate diagnoses and interpretations of prominent professions like medicine, psychology and law [19,20,21]. For instance, Wade [21, para. 8] maintains in the United States, 'In 1614, the first medical diagnosis of mental retardation was recorded, the cause of the condition was given as "overindulgence in sexual pleasure."' Abramson et al. [19] add that this misinformation further resulted in a wave of sterilization laws prohibiting persons living with disabilities from procreating, which came into pass by 1907 in Indiana, and by 1948, 42 states had enacted such laws into effect. Kempton and Kahn [20, p. 96] also added that the eugenics movement was an attempt to do away with groups classified under the category of 'sexual perverts' and 'habitual criminals' as persons living with significant disabilities, believed to be predisposed to criminality and promiscuity. Morris [22, p. 20], on the contrary, suggested that the medical castration of disabled bodies' sexuality resulted in societal attitudes that disabled persons are 'asexual, or at best sexually inadequate. That we cannot ovulate, menstruate, conceive or give birth, have orgasms, erections, ejaculations or impregnate.' As a result, the prioritization of HIV, relationship and sexuality education for youth living with disabilities was thought to be only necessary to control the over-sexualised appetite of persons living with significant disabilities [19,20,21].

### **HIV, Relationship and Sexuality Education for Disabled Youth**

At the same time, there has been a plethora of local and international literature that has countered the normative sexuality discourse that disabled bodies are celibate and asexual [9, 23, 24]. For example, Cheng and Udry's [23] 1994–1995 Wave data from the United States National Longitudinal Study of Adolescent Health showed that although youth living with physical disabilities are slower in their psychosexual development, they are in fact as sexually experienced as their nondisabled peers. Blanchett's [25] study with 88 young adults living with learning disabilities revealed that 45 of the 88 students reported to have already engaged in oral, vaginal, and/or anal intercourse in high school. However, Cook's [24, p. 199] literature review with people living with psychiatric disabilities uncovered that a majority of persons living with mental illnesses 'repress their sexuality, worry about its "normalcy," and internalize societal disapproval of their sexuality.' Similarly, local research with persons living with visual and physical disabilities indicated that although they do enjoy sexual relationships [11], society and their nondisabled sexual partners view dating a disabled person, or a disabled person wanting to have children, as something that is socially undesirable [9]. Peta and Nel [25] suggest future directions in early HIV, relationship and sexuality education which not only emphasise equal sexual and reproductive rights for

persons living with disabilities, but awareness of intimate partner violence especially in relationships with a partner without any disabilities [26].

According to Hanass-Hancock [27], Rohleder et al. [26] and de Reus et al. [28], the prioritization of HIV, relationship and sexuality education for disabled youth should be seen against concerns around the vulnerability of youth living with disabilities and sexual predators. For example, local research by Kelly et al. [29] with youth living with visual disabilities indicated that learners with visual impairment are more likely to be raped, exploited and at risk of HIV infection than their sighted peers given their impairment may limit them from observing dangers in environment cues, especially within strange and secluded spaces. Kelly et al. [29] also revealed that for most youth living with visual disabilities, peer sexuality education represents one of the few opportunities for learners to ask questions and receive feedback from each other. Kelly et al. [29] called for educators to identify challenges in knowledge, skills and resources when offering HIV, relationship and sexuality education to youth living with visual disabilities. Besides the inaccessible formats in educational resources (e.g. written materials provided to visually impaired learners), local and international scholars have also encouraged educators to familiarise themselves with appropriate teaching strategies (e.g. inclusive pedagogy) and meaningful methods (e.g. using real-life models which show the differences between a flaccid and erect penis) [26, 30, 31]. Yet queer scholars such as McRuer [32], Kafer [33] and Chappell [34] maintain that the false notion of the lack of fertility and sexual fluidity associated with disabled bodies has limited their representation in most gender and sexuality education (i.e. a by-product of compulsory heterosexuality and able-bodiedness).

For example, White [35] suggests that most persons without any disabilities assume that the gender identity and sexuality of persons living with disabilities will correspond with heterosexual norms. Compulsory heterosexuality relates to the over-preference of heteronormative values, such as the usual portrayal of marriage and sexual relationships between a cisgender, hetero-masculine and hetero-feminine couple in most sexuality education [36,37,38,39]. According to local scholars such as Francis [40, 41], Wilmot and Naidoo [38] and Brown and Buthelezi [42], queering gender and sexuality education such as Life Orientation revealed silences to the complexities of dating, bullying and school-based support for lesbian, gay, bisexual, transgender (sexual), queer and other sexuality non-conforming (LGBTQ+) youth—not to mention addressing these issues for disabled youth [12]. Compulsory able-bodiedness refers to the over-display of able-bodied persons as a form intelligible representation [32,33,34], such as the over-privileged representation in most sexuality education of a White, middle-class able-bodied family with two children to demonstrate a typical family unit. Much like compulsory heterosexuality, compulsory able-bodiedness inadvertently excludes persons living with disabilities on the sexual fluidity spectrum based on the assumption that disabled bodies are incapable of eroticism or sexual reproduction [34]. As interconnected structures, language and depictions of both compulsory heterosexuality and able-bodiedness translate into legitimised reasons that there is no need for sexual and reproductive health services for persons living with disabilities [34].

### **Access of Disabled Youth to Sexual and Reproductive Health Services**

Yet when persons living with disabilities try accessing sexual and reproductive health services, they face institutional barriers such as shock, disbelief and deriding attitudes from healthcare practitioners [7, 9, 11]. For example, a study conducted by Mavuso and Maharaj [11] regarding the access of persons living with physical and visual disabilities (ages 27 to

46 years) to sexual and reproductive health services in Durban, Kwa-Zulu Natal province showed condescension in the form of policing of disabled bodies. For example, male participants reported feeling discouraged from going to clinics due to the patronizing attitudes of female nurses. As one male respondent in Mavuso and Maharaj's [11, p. 83] study states:

Men tend to stay away from sexual health services because you find that most nurses are females and they do not have a way of talking to us in the manner that encourages us to visit health services. For people with disabilities it is worse than people without disabilities. Imagine if a man who is not disabled gets scolded like that and is spoken to in an irresponsible fashion – how much worse it is if I am disabled (P5, male).

Similar to the hostility encountered by their male counterparts, the female participants stated not wanting to talk about their sexuality or desires for motherhood with nurses for fear of being judged. Judgement occurs given the assumption that in the event of pregnancy, nurses reprimanded disabled women for wanting to pass the disability to their unborn child. For the women, the internalised stigma prevented them from taking condoms at clinics as one of Mavuso and Maharaj's [11, p. 83] female respondents states:

Sometimes you will see condoms. I would like to take them, but I'm afraid of what the people around me might think or say. You feel ashamed because you are disabled and what would people say (P4, female).

## **Material and Methods**

The study aimed to explore the visibility of the sexuality of persons living with disabilities in South Africa's Department of Basic Education's CSE SLPs. The study utilized all 18 CSE SLPs (9 learner books and 9 educator guides) issued by the Department of Basic Education from Grades 4–12. No ethical clearance was therefore needed to conduct this research. The CSE SLPs are freely available and retrievable from the Department of Basic Education's website.<sup>Footnote 2</sup> A content analysis was first conducted of search terms such as 'disability', 'disabled', 'persons living with disabilities', 'learners with special needs', and 'disability' and 'sexuality' in conjunction. Content analysis involves the systematic study of documents or recorded communication for patterns in communication [43]. The method can be used as a quantitative (developing a count of the instances a particular word occurs in a text), or qualitative method (drawing patterns and interpretations of how certain messages are communicated in texts) [43]. For this study, a quantitative analysis was initially employed to count the number of times the afore-mentioned search terms occurred in the CSE SLPs. To make sense of any occurring patterns in communication, a qualitative content analysis was employed to draw interpretations around the discussions of disability and sexuality in South Africa's CSE SLPs.

## **Results**

The goal of the study was to examine the visibility of the sexuality of persons living with disabilities in South Africa's Department of Basic Education's CSE SLPs. Below, Table 1 shows the results of the study. In Table 1, it is indicated that the search terms 'disability', 'disabled', 'persons with disabilities', 'learners with special needs' occurred at least 13 times within Grades 4–12 (ages 10–18) learner books and educator guides. Next, the table indicates majority of discussions around disability mainly involved disability as a consequence of physical violence (definition given in Grades 5 and 6), as well as equal rights for persons

**Table 1** Content analysis of the occurrences and discussions around disability and sexuality in the Department of Basic Education’s CSE SLPs

	Mention of ‘disability’, ‘disabled’, ‘persons with disabilities’, ‘learners with special needs’	Discussion of disability	Mention of disability and sexuality	Discussion of disability and sexuality
Grade 4 Learner Book				
Grade 4 Educator Guide				
Grade 5 Learner Book	3	<p>Definition of physical violence (p. 67; 68): Physical violence is the intentional use of physical force with the potential to cause death, <i>disability</i>, injury, or cause harm to the body”</p> <p>Section 9 of the Constitution, Equality (3) (p. 91): “The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, <i>disability</i>, religion, conscience, belief, culture, language and birth”</p> <p>Glossary: Definition of disability (p. 94) Disability: a physical or mental condition that makes it difficult or impossible for a person to use a part of their body or to perform certain activities that able-bodied people can perform. A disability limits a person’s movements, senses, or activities</p>		
Grade 5 Educator Guide	3	<p>Definition of physical violence (p. 103; 104; 109) Section 9 of the Constitution, Equality (3) (p. 130) Glossary: Definition of disability (p. 131)</p>		
Grade 6 Learner Book	1	Section 9 of the Constitution, Equality (3) (p. 75)		
Grade 6 Educator Guide	1	Section 9 of the Constitution, Equality (3) (p. 111)		

**Table 1** (continued)

	Mention of ‘disability’, ‘disabled’, ‘persons with disabilities’, ‘learners with special needs’	Discussion of disability	Mention of disability and sexuality	Discussion of disability and sexuality
Grade 7 Learner Book				
Grade 7 Educator Guide				
Grade 8 Learner Book				
Grade 8 Educator Guide	2	<p>Link to other sub-topics in CAPS (p. 134) (From topic: Constitutional rights and responsibilities)</p> <p>Issues relating to citizens’ rights and responsibilities:</p> <ul style="list-style-type: none"> <li>• Respect for others’ rights: people living with different <i>disabilities</i> and HIV and AIDS (infected and affected) (Linkage to Grade 9 CAPS)</li> </ul> <p>Activity A3 Stigmatising labels (p. 136)</p> <p>Small group work</p> <p>1. Divide the class into six groups and assign each group an identity (e.g. pregnant teenagers, HIV positive people, orphans, homeless person, people who drink heavily or <i>people with disabilities</i>)</p>		
Grade 9 Learner Book				
Grade 9 Educator Guide	1	<p>Link to other subtopics in CAPS (p. 157)</p> <p>Issues relating to citizens’ rights and responsibilities</p> <ul style="list-style-type: none"> <li>• Respect for others’ rights: people living with different <i>disabilities</i> and HIV and AIDS (infected and affected)</li> </ul>		

Table 1 (continued)

	Mention of 'disability', 'disabled', 'persons with disabilities', 'learners with special needs'	Discussion of disability	Mention of disability and sexuality	Discussion of disability and sexuality
Grade 10 Learner Book	3	<p>Worksheet 10.1.2: Messages we get from the media: group activity (p. 16)</p> <p>2. How does the media you chose portray race, gender, sexual orientation and people with special needs? Consider these points:</p> <p>a. Are people left out when relationships are portrayed in the media (for example gay people, <i>people with disabilities</i>, or particular race groups)?</p> <p>Activity B: Understanding sexual interest (p. 74)</p> <p>4. Work in pairs to make up your own words in the speech bubbles in Worksheet 10.6.2: Bust a myth with a cartoon. You will be allocated different myths from the activity you have just completed. Work in pairs</p> <p>You are expected to make up your own dialogue to challenge the myth you have been allocated</p> <p>It is a myth that <i>people with disabilities</i> do not have sexual interest or enjoy intimacy?</p> <p>Worksheet 10.6.1: Sexual Interest – get the facts answer key (p. 82)</p> <p>Learner worksheet: Sexual interest – get the facts</p> <p>Read each statement. Decide if it is true (T) or false (F)</p> <p>Question 10. People with disabilities do not have sexual interest or enjoy intimacy</p>	3	<p>Each of these individual and group class activities attempts to engage learners to think critically about the following:</p> <ul style="list-style-type: none"> <li>• How people living disabilities are ignored in relationship education and media representations;</li> <li>• The myth that suggests that persons with disabilities are celibate, or have a diminished interest in any sexual activity;</li> </ul>



**Table 1** (continued)

	Mention of ‘disability’, ‘disabled’, ‘persons with disabilities’, ‘learners with special needs’	Discussion of disability	Mention of disability and sexuality	Discussion of disability and sexuality
Grade 10 Educator Guide	3	<p>Activity B: Understanding sexual interest (p. 161)</p> <p>Worksheet 10.6.2: Bust a myth with a cartoon (p. 162)</p> <p>Worksheet 10.6.1: Sexual Interest – get the facts answer key (p. 171)</p> <p>Question 10. Answer: False</p> <p>There are misconceptions that <i>people with disabilities</i> do not have sexual interest or cannot have sexual relationships. They can. Depending on the disability (such as a spinal injury) they might have to make adjustments when engaging in sexual activities. Communication is very important in helping partners understand each other’s needs and interests better, whether one has a disability or not</p>	3	See discussion above
Grade 11 Learner Book				
Grade 11 Educator Guide				

**Table 1** (continued)

	Mention of ‘disability’, ‘disabled’, ‘persons with disabilities’, ‘learners with special needs’	Discussion of disability	Mention of disability and sexuality	Discussion of disability and sexuality
Grade 12 Learner Book	1	<p>READING 12.1.2: Definition – Discrimination (p. 13)</p> <p>You are discriminated against when you are judged and treated badly. For example, a person or a group may be discriminated against because of their sexual orientation, <i>disability</i>, country of origin, religion, skin colour, health problems or mental health status</p> <p>Table 12.3.1. STIs: what you need to know (p. 44)</p> <p>Untreated syphilis can lead to death. If you have syphilis and you are pregnant your baby can be born with very serious permanent health problems including <i>disabilities</i>, including death</p>		
Grade 12 Educator Guide	1	<p>Reading 12.1.2: Definition – Discrimination (p. 59)</p> <p>Table 12.3.1. STIs: what you need to know (p. 94)</p>		

living with disabilities as highlighted Section 9 of the Constitution of South Africa Act of 1996 (discussion carried out from Grades 5 to 6). In the Grade 8 and 9 educator guide, educators are encouraged to link the earlier topic 'Issues relating to citizens' rights and responsibilities' to future sub-topics, including 'Constitutional rights and responsibilities'. One of the group activities designed here includes identifying the impact of stigma and labels on identity, such as identity of homeless persons, people who drink heavily as well as people living with disabilities. Another activity in Grade 12 is offered to discuss discrimination on the basis of disability. Overall, the aim of these activities is to reinforce respect for others' rights, including persons living with disabilities.

In spite of this invaluable democratic education, an explicit discussion of disability and sexuality together only emerges within 1 individual and 2 group activities in Grade 10 out of all Grades 4–12 learner book and educator guide. However, it should be noted that each of these activities (see Table 1) effectively engages learners to think critically about 1) how persons living with disabilities are ignored in most relationship and media representations, and 2) the myth that that disabled individuals are celibate, or have a diminished sexual interest. For example, one of these activities presented below demonstrates an attempt of not only clarifying the notion that persons living with disabilities not only enjoy sexual intimacy, but that various types of persons living with disabilities (i.e. not just those in wheelchairs as commonly displayed in disability literature) can also negotiate intimate sexual relationships (see Table 1 for all 3 activities):

### **Grade 10 Learner book**

#### **Worksheet 10.6.1: Sexual Interest – get the facts answer key (p. 82)**

Learner worksheet: Sexual interest – get the facts.

Read each statement. Decide if it is true (T) or false (F).

Question 10: People with disabilities do not have sexual interest or enjoy intimacy.

### **Grade 10 Educator guide**

#### **Worksheet 10.6.1: Sexual Interest – get the facts answer key (p. 171)**

Question 10 Answer: False.

There are misconceptions that people with disabilities do not have sexual interest or cannot have sexual relationships. They can. Depending on the disability (such as a spinal injury) they might have to make adjustments when engaging in sexual activities. Communication is very important in helping partners understand each other's needs and interests better, whether one has a disability or not.

Earlier, a definition of CSE was postulated to refer to an age-appropriate approach of imparting informed beliefs, values, attitudes and skills around safe and healthy sexual practices, dynamics of communication, gender, sexuality, power and consent in HIV, relationship and sexuality education [2]. In close inspection, the activity above draws attention to the importance of transmitting accurate and positive values and attitudes around the sexuality of disabled individuals. Through this and other activities, an opportunity is

created, particularly for youth living disabilities considering intimate sexual relationships to develop communicates skills in relationships about negotiating sexual pleasure. From a post-structural view, the activities not only reflect how language and social institutions (e.g. media representations) sustain socio-medical and cultural discourses about the sexuality of disabled persons (e.g. disabled bodies are not interested in forming intimate sexual relationships). But, the activities actually implicate oppressive systems such as compulsory able-bodiedness which is responsible for reinforcing ablest attitudes against the sexuality of disabled bodies. Furthermore, the activities underlie that persons living with disabilities can and do enjoy sexual relationships with other types of persons living with(out) disabilities.

## **Discussion**

Yet given the existing practical and theoretical knowledge we have about the sexuality of persons living with disabilities, a number of identified CSE themes were missed within these activities. Most noticeably, the activities fail to take into account the early sexual debut amongst both youth living with(out) disabilities. According to Statistics South Africa [44], there are teens who report an early sexual debut of less than 16 (approximately 16,2% of 5618 young women and 26.7% of 2189 of young men). Furthermore, the South African Department of Basic Education [3] stresses that the average adolescent is likely to experience sexual violence before the age of 17, with the risk of HIV infection increasing from ages 14 to 24 [1]. Similarly, local and international research indicates that youth living with disabilities are just as sexually experienced as their youth living with no disabilities [23, 25, 26]. More so, previous literature suggests that youth living with severe disabilities, such as completely blind youth carry a greater risk of being raped and sexual exploited given the limitations posed by their impairment to dangers in their environments [29]. In terms of age of consent, although a South African 16-year old (i.e. a Grade 10 learner) can consent to sexual intercourse with an individual 16 and above, proving consent in a court of law may be complicated especially with youth living with mild intellectual disabilities given impairments in cognition and memory. These issues are important to emphasise for youth living with disabilities given that consent is an intricate and fluid, as seen in the #MeToo movements where consent was granted for certain actions or occasions, but not all or future occasions.

Secondly, the South African CSE SLPs neglected stressing the importance of relations of power, especially wherein a person living with a disability finds themselves in a relationship with a person without a disability tends to heighten the risk of verbal and psychological abuse for the person living with a disability [7, 9, 26]. In this case, women living with disabilities who find themselves in lower socio-economic strata (i.e. black disabled women living in poverty within rural geographies) remain at greater risk of abuse [9]. Moreover, there is complete silence in the CSE SLPs regarding the constructions of gender and sexuality particularly for LGBTQ+ youth living with disabilities [10, 12, 27]. In other words, the South African CSE SLPs do not challenge the oppressive system of compulsory heterosexuality which perpetuates homophobia, transphobia and ablest attitudes in schools and communities more broadly particularly for youth with various sexualities living with disabilities [10]. A further concern posed by local and international scholars is that mainstream educators lack sufficient knowledge and skills due to their teacher education, limited exposure to curriculum policy, and teaching and learning strategies relating to teaching learners with disabilities (i.e. limited training in inclusive pedagogy) [8, 28, 45]. In other words, the South African Department of Basic Education or the CSE SLPs make no reference as to how this gap will be bridged. Furthermore, although the rest of the activities around disability acknowledge the rights and responsibilities of all citizens, including persons living with disabilities, the

activities ignore the realities (e.g. hostile attitudes by nurses) faced by persons living with disabilities when trying to access sexual and reproductive health services [11].

From a theoretical point of view, further recommendations can be identified in further revisions of the Department of Basic Education CSE SLPs. For example, Ubisi [12] utilised Bourdieu's theory of doxa, orthodoxy and heterodoxy<sup>Footnote 3</sup> to understand why society still holds the assumption in Foulke and Uhde [49, p. 199] that disabled bodies are 'expected to be impotent and uninterested in sex'. Ubisi's [12] study encouraged youth living with disabilities to produce their own narratives in the form of autobiographical accounts regarding their fluid gender and sexual experiences to be integrated in future sexuality education. To understand discourses of how social attitudes translate into who should be allowed to reproduce (and with whom), Ubisi [13] utilized post-structural theory such as Foucault's governmentality theory and Butler's performativity theory. Foucault's [50] theory of governmentality investigates how and what those who are governed make sense of the definitions, restrictions and opportunities delineated around them by others within certain circumstances (e.g. access to sexual and reproductive services in clinics). As highlighted earlier, Butler [18] has always been interested in troubling deviant performances (e.g. queering the performances of gender non-conforming individuals). Within the study, Ubisi [13] suggested interrogating discourses of who should be allowed to reproduce (or not), and with whom, which is largely missing in most sexuality education for youth living with disabilities. On the other hand, Ubisi [15] suggested emancipating the sexuality of disabled persons by integrating themes of decoloniality, disability and sexuality within anti-oppressive education like the CSE SLPs.

With that said, it is worthwhile to consider the themes that entered the CSE SLPs. One of the prominent themes was the firmly reinforcement that persons living with disabilities, not just those in wheelchairs often popularised in most sexuality education materials [34], can and do enjoy being sexually intimate with various persons living with(out) disabilities. As proposed earlier, the study utilizes Judith Butler's [16] theory of unintelligible bodies to underscore how the repeated performances of once considered less than intelligible bodies can become intelligible through disrupting hegemonic socio-cultural norms. According to Butler's [16] analysis, our bodies become less than intelligible through deviant performances (e.g. a man without any disabilities marrying a woman with a disability). Given the false notion that disabled bodies 'cannot ovulate, menstruate, conceive or give birth' [22, p. 20], the situation would be characterised as a deviant performance given that marriage is seen as a socio-cultural institution expected to yield offspring. One of the ways Butler (2011) puts forward for deviant performances to be seen can be seen as intelligible is through repeated performance of certain ways of being (e.g. sexuality material endorsing images and stories of the sexuality of persons living with disabilities). In this case, the South African Department of Basic Education's CSE SLPs has attempted to do this via the subversive themes and pedagogy that not only queer (de-constructs what is considered 'normal') sexuality and sexual activity as expected of persons living with disabilities. But the content and instructional design around these activities aim to critique what is considered deviant performances, such as the expected presumption that disabled individuals are all heterosexual [35], or prefer to form sexual relationships only with each other. Furthermore, the CSE SLPs raises critical engagement regarding the sexuality of persons living with disabilities. That is, the CSE SLPs attempt to awaken a sense of embodiment regarding bodies once deemed less than intelligible by highlighting repressive systems (e.g. the reproduction of compulsory able-bodiedness in most gender and sexuality education), while reminding readers that repeated

(deviant) performances of less than intelligible bodies, in this case within sexuality education, serves as a pivotal source for socio-political change [17].

## **Conclusion**

The intention of this study was to utilize the available practical and theoretical knowledge to examine the visibility of the sexuality of persons living with disabilities within South Africa's Department of Basic Education's CSE SLPs. The study revealed only 3 activities in Grade 10 which discusses the sexuality of persons living with disabilities. However, it should be noted that these activities showed great attempt at disrupting the notion of how bodies can become seen as less than intelligible through deviant performances which go against dominant socio-cultural norms. The study revealed that the 3 activities did in fact provide useful content and classroom discussions for re-imagining the prevailing socio-medical and cultural discourses that disabled individuals are celibate, asexual and cannot sexually reproduce [7, 26, 34]. The study suggested gaps and recommendations identified from previous practical and theoretical knowledge (e.g. issues of power and clarifying consent amongst youth living with disabilities). In terms of theoretical knowledge, the study proposed the possible integration of post-structural theory such as decoloniarity in sexuality education for persons living with disabilities. It is also acknowledged that it may be unrealistic to fit all the gaps and recommendations identified above within future revisions of the Department of Basic Education's CSE SLPs. However, the suggestions and critiques are not only meant to be useful towards the strengthening of curriculum and teaching knowledge of educators, but to possibly influence future policy and strategic intervention to broaden inclusive sexual and reproductive healthcare with youth living with disabilities in mind. A limitation of this study is that one cannot fully make claims on how teachers teach the CSE SLPs as each teacher may rely on their own experience in providing CSE. Future studies can further work with teachers, parents and youth living with disabilities to identify any practical and theoretical knowledge which might be further incorporated in current South African CSE SLPs.

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## **Ethics declarations**

## **Conflict of interest**

The author declares no conflict of interest.

## **Ethical Approval**

No ethical clearance was therefore needed to conduct this research.

## **Notes**

1. The terms 'disabled learners' and 'disabled bodies' are intentionally used here to highlight bodies perceived to be disabled, and the disabling realities created by society in the built environment, social attitudes and institutions, which exclude

people living with disabilities from enjoying equal privileges as their nondisabled counterparts [14].

2. See <https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx>.
3. Doxa refers to the language and assumptions taken as the status quo by the majority [46,47,48], e.g. disabled individuals are celibate, asexual beings. Orthodoxy relates to positions, statements and laws defended by the majority to support the doxa (e.g. sterilisation laws against the procreation of disabled persons). While Bourdieu [46,47,48] refers to heterodoxy as the opposing position held mostly by a disadvantaged group (e.g. disabled persons contending that they are sexual beings and can hold diversity gender identities and sexualities).

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